

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address East Harris County Orthopedics Assoc. 9343 N. Loop E. #600 Houston TX 77029	MDR Tracking No.: M4-03-6797-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Insurance Co of the State of PA c/o Crawford 505 W. 12th Austin TX 78701 c/o Box 19	Date of Injury:
	Employer's Name: Sodexho Inc
	Insurance Carrier's No.: 003960000852600001

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
9-18-02	9-18-02	99214	71.00	0.00
10-16-02	10-16-02	99214	71.00	0.00
10-16-02	10-16-02	99090	200.00	108.00

PART III: REQUESTOR'S POSITION SUMMARY

Carrier is denying 99214 as global to 20974. 20974 is noninvasive (nonoperative) with zero FUD per the MFG.

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier denied payment because the HCP improperly unbundled his services; an office visit is part of the surgery procedure.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The 1996 Medical Fee Guideline applies to the disputed dates of service. Carrier denied 99214 as global. Surgery ground rule I. A. states that the global reimbursement includes the pre-operative care, surgical procedure, and post-operative care. Code 20974 is listed in the surgery section so surgical ground rules apply. Therefore, office visits are not billed separately and no reimbursement recommended. Code 99090 was denied as exceeding the fee schedule. Fee schedule MAR is \$108.00. Recommend reimbursement of \$108.00.

PART VI: DETAIL FINDINGS (If needed)

